PRINTED: 04/01/2015

FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDERISUPPLIER/CL:A (X3) DATE SURVEY (X2) MUILTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUNLDING: 01 B. WING FCL092059 03/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 BAINBRIDGE CIRCLE BAINBRIDGE FAMILY CARE HOME GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) JD (X8) COMPLETE (EACH DEFICIENCY MUSY BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX RECULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fay CONSTRUCTION SECTION DHSR Construction Section conducted a Biennial Survey on March 27, 2015 from 11:30 a.m. to MAY 1.7 2015 12:45 p.m. at the above referenced facility. DHSR records indicate the home was first licensed on May 12, 1997 as a Family Care RECEIVED Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 North Carolina State Building Code Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: ALL BATHROOM FANS HAVE BEEN CLEAN-They are free of dust. 5/10/15 C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: It was observed that all of the bathroom fans. had an accumulation of dust. Sweep or vacuum out the fans so that they can work properly. Provide verification of the repairs.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Krzsidowt

4\$6621

STATE FORM

PRINTED: 04/01/2015 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: FCL092059 NAME OF PROVIDER OR SUPPLIER STAFFT | | (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: | A. BUILDIN | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|--|--------------------------------------|---------|--|
| | | FC) (192059 | B. WING | | D2/02/2 | |
| | | ADDRESS, CITY, STATE, ZIP CODE | | 03/27/2015 | | |
| | . , | 202 PA | NBRIDGE CI | | | |
| SAINBR | IDGE FAMILY CARE H | NUME | R, NC 27529 | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (6ACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE OBFICIENCY) | | | |
| C 104 Construction-Attic T10: 42C .2102 CONSTRUCTION (d) The attic is not to be use sleeping. | | | C 104 | ALL ITEMS IN THE ATTIC WILL BE RE | | |
| | some screens and o being stored in the a and provide verificati Outside Entrances/E T10: 42C .2209 OUTSIDE ENT | survey, there was a crib, ther miscellaneous items ttic. Remove all stored items ion of the corrective action. ixits-Single Hand Motion | C 138 | THE STORM DOOR D STRIKE HAS BEEN | 1-11011 | |
| j | (d) All exit doors loo by a single hand mot times without keys. | ks must be easily operable, ion, from the inside at all | | REMOVED TO PREV | 31 | |
| f s o | ront storm door has a single action. Have a disable the latch so th | as evidenced by: It was observed that the dead bolt latch which is not qualified person remove or lat Residents can exit with a Provide documentation of | T PPENDERS AND THE STATE OF THE | | | |
| Т | Outside Entrances/Ex 10: 42C 2209 OUTSIDE ENTR | its-Free of Obstructions | C 139 | | | |

PRINTED: 04/01/2015 FORMAPPROVED

| Division of Health Service Regulation | | | | | | | | | | |
|--|---|---|---|--|-----------|------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | [X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | COMPLETED | | | | | |
| | | FCL092059 | B. WING | | 03/2 | 7/2015 | | | | |
| NAME C | F PROVIDER OR SUPPLIER | STREET AD | DDRESS; CITY, STATE, ZIP CODE | | | | | | | |
| BAINBRIDGE FAMILY CARE HOME 202 BAINBRIDGE CIRCLE GARNER, NC 27529 | | | | | | | | | | |
| (X4) IIC PREFII TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INPORMATION) | | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | COMPLETE DATE | | | | |
| C 13 | Continued From page 2 | | 0 139 ALL SAS | ALL SAFETY LATCH | ES | | | | | |
| | (e) All entrances/exits must be free of all obstructions or impediments to allow for full Instant use in case of fire or other emergency. | | | ON WINDOWS WILL | BE | 5/16/15 | | | | |
| | | | | PERMANENTLY GLU | .∈To | , . | | | | |
| | bedroom windows h engaged, could impo exit out during a fire qualified person rem | t as evidenced by: during this survey that the ave safety latches that, if ede the Residents' ability to or other emergency. Have a love or disable the safety currentation of the repairs. | | PREVENT ENGAGE | 1EUT. | | | | | |
| Ç 14 | Floors | | C 143 | TOTAL CARPET REPL | AKEMEN | τ | | | | |
| | material and so cons cleanable. (b) Scatter or throw | ne of smooth, non-skid structed as to be easily rugs are not to be used. e kept in good repair. | | HAVE BEEN SCHEDU FOR THE HOME, | ILE . | 5/16/15 | | | | |
| | parallel to the window to 2 inch gap betwee on an interview with I have the flooring repl | carpet seam running whas unraveled and left a 1 in the carpet edges. Based the Owner, they are pricing to laced. Provide replaced flooring through | | | | | | | | |
| | | | | | | | | | | |

1SE621

Unit at Measure

27 Bern J. Bundlech Company 2001: An Righta Referred

No. 424 - 1851